QA/QI RESPONSE TIME PROCESS

EMS-Trauma Response Times Reporting

It is an ATCC and Regional EMS organization's responsibility to assure that each ATCC trauma patient record contains response times.

Each EMS response agency has the responsibility to provide response times to ATCC. ATCC will make two attempts to contact the EMS agency to request the times.

If the EMS response agency does not submit the response times as requested twice by ATCC, ATCC/Trauma System Issues QA/QI will be completed by the ATCC. This ATCC/ Trauma System Issues QA/QI will be sent via email to the appropriate Regional EMS agency. It becomes the Regional EMS Agency's responsibility to obtain the response times and report them via e-mail to the ATCC in no more than ten days from the date of the incident.

If the EMS agency doesn't respond to the Regional EMS Agency's request within ten days, the Response Time Issue will become a 1 b Trauma System QA/QI issue and forwarded to the State QA/QI Compliance Officer.

Information for each QA/QI Response Time unresolved issue will be recorded and forwarded twice monthly to each Regional EMS Agency.


MDAC
June 21,2010

Trauma System --- Overload 04/12/2010 --- 06/20/2010

- TCH--- 0 Hours
- UAB --- 66 hrs
- Patients rerouted– 10 – Trinity 8, 4 Discharged from ED,1 Floor admit , 1Expired,1 Surgery/ICU, 1TBI to ICU – UAB -2

TRAUMA SYSTEM OVERLOAD TBO 02/08/2010 – 04/11/2010

- TCH – 0 hrs.
- UAB -- 0 hrs.
- Patients Rerouted -- 0

TRAUMA SYSTEM ---- RED

- TCH – 0
- UAB -- 33 Hrs. 11 minutes
- Patients Rerouted : UAB-1 sent as non-alert RN Alerted

Trauma System --- Volume --- 04/11/2010 ---- 06/20/2010

- Total System Volume –866(719)(640)(704)
- UAB -- 613(527)(486)(520)(511)(551)(460)
- TCH -- 74(58)(48)(50)(44)(32)(49)(37)(37)
- Level Threes –159(125)(88)(120)(128)(137)
- Year to date –09/10 patients 3923
- Year to date –08/09 patients 3612
- Year to date –07/08 patients 3520

ALABAMA TRAUMA SYSTEM - 04/11/2010 --- 06/20/2010

- NATS 532, HH 315 , DGH 14, #3 87 , Erlanger 11,NMMC 2
- BREMSS 866,UAB 613,TCH 74,#3 159
- EAST 128 (52 #2 North East)
- GULF 322 (244 USA)
- WEST 112

Stroke System Volume -- 04/11/2010 --- 06/20/2010

- Stroke Patients -- 434
- Stroke Patients year to date 09/10 - 2180
- Stroke Patients year to date 08/09 - 1752
- Stroke Patients year to date 07/08 - 1565

STROKE DESTINATIONS

- **UAB --192- (69) # OF STROKE REPORTS**
- **WBMC --6 –(0)**
- **MED WEST –6 –(0)**
- **St . Vincent's 51 - (0)**
- **Shelby Baptist -33– (23)**
- **UAB Highlands –0 – (0)**
- **St. Vincent's East –21 – (11)**
- **Brookwood – 36 – (18)**
- **Princeton –38 – (3)**
- **Trinity -- 41 - (28)**

STEMI Pre-Hospital Complete

- ALS,Helena,Vestavia,Trussville,Blount EMS, Chelsea,Mt. Olive , RPS, BFRS,Hoover Fire, Rocky Ridge ,Moody Fire,Lifeguard , Springville Fire, Center Point Fire, Harpersville Fire,

STEMI 04/11/2010 --- 06/20/2010

- TOTAL 123

STEMI Destinations

- **UAB --- 27- (9) # OF STEMI REPORTS**
- **St . Vincent's 11 - (6)**
- **Shelby Baptist -21– (17)**
- **St. Vincent's East –16 – (12)**
- **Brookwood – 9 – (1)**
- **Princeton –23 – (16)**
- **Trinity -- 14 - (0)**
- VA -- 0

STEMI Issues

- QI/QA formed – Dr. Maclean 7/7 @ 0700
- 12 Lead transmit demo. –Brocato
- Field 12 Lead transmit demo 6/29 – two sessions (9 & 2)
- Hospitals send pre-hospital to TCC
- Determine Dr. override & no-override

TCC GENERATED QI Issues – 4/13/2009 --- 6/20/2010

- Closed -- – ( ) denotes open issue
- System Entry
- Patient destination
- TCC & System
- Trauma Times
- Re-Route & Divert
- Medical Direction
- Hospital Parking
- Other
- PEDS

NEUROSURGICAL REFERRALS

- 1

ISSUES

- AL. TRAUMA SYSTEM UPDATE – Southeast in process , visited two in FL. , Hospital entry in BREMSS (except : Brokwood ,Chilton,Lakeland,TCH,UAB, WBMC)
- Medical Direction MD List Needed- St. V. Bham. ,Walker,Chilton,Brookwood, TCH,UAB,
- Trauma MOU- Replace new version
- EMS Bill Passed – New Rules in process-- NREMT
- MDAP – In Review
- SOC – Reformed Nominations received – reviewing care plans & hospital data returns

Regionalization of Emergency Care: What Does the Future Hold?

Art Kellermann, MD, MPH
RAND Corporation
Michael Handrigan, MD
ECCC, HHS

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Report

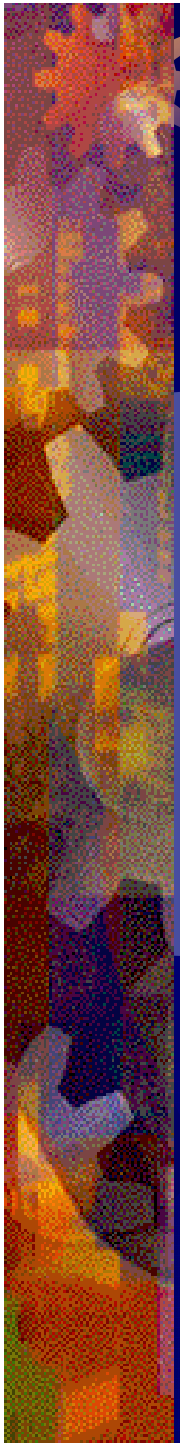
Regionalizing Emergency Care. Workshop Summary

Released: March 22, 2010
Type: Workshop Summary
Topics: Health Care Workforce, Health Services, Coverage, and Access, Quality and Patient Safety
Activity: Regionalizing Emergency Care
Board: Board on Health Care Services

Note: Workshop Summaries contain the opinion of the presenters, but do NOT reflect the conclusions of the IOM. **Learn more about the differences between Workshop Summaries and Consensus Reports.**

During medical emergencies, hospital staff and emergency medical services (EMS) providers, can face barriers in delivering the fastest and best possible care. Overcrowded emergency rooms cannot care for patients as quickly as necessary, and some may divert ambulances and turn away new patients outright. In many states, ambulance staff lacks the means to determine which hospitals can provide the best care to a patient. Given this absence of knowledge, they bring patients to the closest hospital. In addition, because emergency service providers from different companies compete with each other for patients, and emergency care legislation varies from state to state, it is difficult to establish the necessary local, interstate, and national communication and collaboration to create a more efficient system.

In 2006, the IOM recommended that the federal government implement a regionalized emergency care system to improve cooperation and overcome these challenges. In a regionalized system, local hospitals and EMS providers would coordinate their efforts so that patients would be brought to hospitals based on the hospitals' capacity and expertise to best meet patients' needs. In September 2009, three years after making these recommendations, the IOM held a workshop sponsored by the federal Emergency Care Coordination Center to assess the nation's progress toward regionalizing emergency care. The workshop brought together policymakers and stakeholders, including nurses, EMS personnel, hospital administrators, and others involved in emergency care. Participants identified successes and shortcomings in previous regionalization efforts; examined the many factors involved in successfully implementing regionalization; and discussed future challenges to regionalizing emergency care. This document summarizes the workshop.



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